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Katherine Tapp
Office of Nuclear Materials Safety and Safeguards
U. S. Nuclear Regulatory Commission
Washington, DC 20555

OPPORTUNITY TO COMMENT ON DRAFT U.S. NUCLEAR REGULATORY
COMMISSION'S STAFF'S EVALUATION OF THE NRC PATIENT RELEASE
PROGRAM (RCPD-17-014)

Dear Ms. Tapp:

The Organization of Agreement States (OAS) Executive Board (Board) reviewed the above document and supports the Alabama Department of Public Health (ADPH) comments. OAS offers the following specific comments.

1. OAS supports the ADPH in its opinion that regulations should be promulgated to ensure that every patient and their family be provided oral and written instructions on how to maintain exposures as low as possible (Option 1d). OAS also supports Option 2, a comprehensive update to Guidance associated with the Patient Release Program.
2. Based on the number of alarms at landfills that States must respond to, clearly, instructions on how to handle waste are either not adequate, or the health care providers are not providing proper instructions before patient release. Putting the requirement for oral and written instructions into the regulations may improve the situation. Landfill alarms are a nuisance and anything to minimize them would allow States to concentrate their resources on more important matters.
3. Work on updating the guidance on patient release should include an OAS representative. States have a different perspective on this matter than the NRC because of wasted resources involved in responding to landfill alarms. The NRC does not respond to alarms at landfills. Also, the guidance should account not only for I-131 but should be written in a generic or robust way to accommodate newer treatment applications (some we know about, some we don't yet). For example, the contamination controls presented at the OAS meeting for Lu-177.

Alabama, Arizona, Arkansas, California, Colorado, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin

4. ADPH pointed out the situations involved with early patient release and death of patients. Death of a patient can be a complex process. The embalming process and handling of a body at close proximity could be an exposure issue; cremation could also pose contamination/exposure hazards. These issues should be addressed in the updated guidance.
5. The OAS supports the NRC in rejecting an activity-based release limit, as the dose consequence is dependent upon many variables such as the size of patient (uptake and attenuation), the biological half-lives of the isotopes used, and excrement pathways.

We appreciate the chance to comment on this subject, and stand ready to answer any questions you may have.

Sincerely,



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